

APPLICATION FOR AN ARCHITECTURAL MODIFICATION OR ADDITION

Property Address:

Once this form is completed, it will be reviewed by Management and/or Owner. A written response will be given as quickly as possible

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby apply for permission to make the following alterations/additions/improvements (please describe in detail, attach sketches, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Modification/Addition will affect the following (circle all that apply):

- Exterior Appearance                      Interior Appearance                      Landscaping
- Structural Parts of Home                      Other \_\_\_\_\_

If approved, modification/addition will begin on approximately: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Contractor Phone: \_\_\_\_\_

Anticipated Date of Completion: \_\_\_\_\_

PLEASE ATTACH COPY OF CONTRACTOR LICENSE & INSURANCE/WORKER COMP CERTIFICATE

- No modification/addition may begin without prior written approval
- Only licensed and insured contractors may come on site
- By signing below, I agree I am solely responsible for obtaining any and all required permits
- An inspection of the completed modification/addition shall be conducted by the Management and/or Owner to insure compliance with all reasonable standards of quality and aesthetics
- I assume liability for any damage to the property and other owner's property that occur due to this modification/addition and agree to hold the Management and Owner harmless for any liability, injury, damage, death.
- I agree that all maintenance, repairs and/or replacement of this modification/addition are my responsibility.

Resident: \_\_\_\_\_

Date: \_\_\_\_\_

Management or Owner: \_\_\_\_\_

Date: \_\_\_\_\_